



South-eastern Europe Health Network
Health development action for south-eastern Europe

Memorandum of Understanding

on the

**Future of the South-eastern Europe Health Network
in the framework of the South East European
Co-operation Process**

(2008 and beyond)

Preamble

The ministries of health of the Republic of Albania, Bosnia and Herzegovina, the Republic of Bulgaria, the Republic of Croatia, the Republic of Moldova, the Republic of Montenegro, the Republic of Romania, the Republic of Serbia, and The former Yugoslav Republic of Macedonia, hereinafter referred to as the members of the South-eastern Europe (SEE) Health Network,

Acknowledging that the positive developments in SEE in the past decade and the need to safeguard the significant achievements of the Stability Pact for South Eastern Europe necessitate the development of a more regionally owned and led framework for cooperation, with continued support from the international community,

Recognizing that regional cooperation remains of the highest priority in underpinning political stability and economic recovery in the region, facilitating confidence-building, and as a supporting instrument for European and Euro-Atlantic integration,

Agreeing that regional cooperation in health is important to the SEE members' aspirations for integration into and accession to the European Union, and is also an important contribution to their economic development,

Recalling that the SEE Health Network has been operational for the past six years, overseeing the implementation of regional technical projects in the field of public health, and that this regional cooperation in health was formalized with the agreement and the commitment of the ministers of health of the SEE member countries to the provisions of the Dubrovnik and Skopje pledges, endorsed at the First Health Ministers' Forum in 2001 and the Second Health Ministers' Forum in 2005, respectively,

Recalling that the Statutes of the SEE Health Network were adopted in Skopje during the Second Health Ministers' Forum in 2005,

Acknowledging the political, technical and financial support and substantial human resources provided to ensure the functioning of the SEE Health Network since its inception following the Dubrovnik Pledge by the World Health Organization Regional Office for Europe, the Council of Europe, the Council of Europe Development Bank and the Stability Pact for South Eastern Europe,

Acknowledging the close collaboration and involvement in and contributions provided to the SEE Health Network and its projects by a number of European countries, namely Belgium, France, Greece, Hungary, Italy, Norway, Slovenia, Sweden, Switzerland and the United Kingdom.

Acknowledging that regional cooperation in SEE in the field of public health is entering a very important phase, with changes in the political set-up and emerging new entities, in particular the newly established Regional Co-operation Council, and with two of the SEE Health Network members (Bulgaria and Romania) having become members of the European Union, requiring the SEE Health Network to adapt to the new realities,

Have agreed as follows:

Title I – Vision, goal and principles of the SEE Health Network

Article I – Vision

1. The SEE Health Network shall continue to coordinate and maintain regional cooperation in public health in order to further the reforms of the health systems in the SEE member countries, and thus contribute to economic and social development in the twenty-first century.
2. The future institutional and organizational capacities shall be built on the existing institutional, human and knowledge resources in the SEE region, gradually transforming the SEE Health Network into a viable, self-reliant mechanism, capable of serving the goal endorsed by the SEE ministers of health in the Dubrovnik Pledge of 2001 and the Skopje Pledge of 2005.

Article II – Goal

1. The goal of the SEE Health Network is to improve the health of the people in the SEE region, providing and sustaining the ownership and leadership of the countries in the region in implementing concerted action in the priority areas for health defined by the ministers of health of the SEE member countries.

Article III – Principles

1. Collaboration within the SEE Health Network shall continue to be guided by the following principles:
 - 1.1 regional ownership
 - 1.2 partnership
 - 1.3 transparency and accountability
 - 1.4 complementarity
 - 1.5 sustainability
 - 1.6 equal and active involvement of all SEE member states
 - 1.7 distribution of activities and resources based on a country needs assessment
 - 1.8 decentralization of activities and resources
 - 1.9 efficiency.

Title II – Members and partners

Article IV – Members and partners

1. The SEE Health Network is a joint initiative of the ministries of health of the Republic of Albania, Bosnia and Herzegovina, the Republic of Bulgaria, the Republic of Croatia, the Republic of Moldova, the Republic of Montenegro, the Republic of Romania, the Republic of Serbia, and The former Yugoslav Republic of Macedonia (hereinafter referred to as the SEE member states).
2. The SEE Health Network will seek collaboration with other countries and integrational organizations, as well as with international and regional governmental and nongovernmental organizations, hereinafter collectively referred to as the partners. They may become partner states or organizations upon accepting the relevant decisions and Statutes of the SEE Health Network, and after approval by the SEE Health Network.
3. The SEE Health Network shall seek expert advice and support from a multiplicity of institutions such as the World Health Organization, the Council of Europe, the Council of Europe Development Bank, the Regional Co-operation Council, the European Commission, the European Investment Bank and the International Organization for Migration, with which it has a history of successful collaboration and a real prospect of joint activities.
4. The SEE member countries agree to commit themselves politically and financially for a minimum period of 5 years at a time.

Title III – Organizational structure

Article V – General provisions

1. The organizational structure of the SEE Health Network, as stipulated in its Statutes, consists of the governance and leadership (Presidency, Executive Committee, regional meetings), the administration (Secretariat) and the technical structures (steering committees of the regional projects in areas of public health, regional management offices and managers, country project offices and managers).
2. The roles and responsibilities of the Presidency, the Executive Committee, the regional meetings, the Secretariat, the regional project offices and the country project offices are based on the Skopje Pledge 2005 and the SEE Health Network Statutes.
3. The working language of the SEE Health Network, Secretariat and other bodies is English.

Article VI – Governance and leadership: Presidency, Executive Committee and regional meetings

1. The Presidency shall be held by the ministry of health of one of the SEE members. It shall rotate once every six months following the alphabetical order of the countries and operate on the “troika” principle (past, current and future presidents forming a team). The SEE member country that holds the Presidency of the SEE Health Network shall host one regional meeting of the Network, together with one meeting of its Executive Committee.
2. The regional meetings of the SEE Health Network shall comprise one high-level representative, hereinafter referred to as the National Health Coordinator, and one alternate nominated by the ministry of health of each country, whether an SEE member state or a partner country, and shall be open to one representative from each partner organization. The national health coordinators and alternates shall be decision-making and/or decision-influencing professionals at the level of deputy minister and/or as designated by the respective minister of health.
3. The Executive Committee shall be composed of five members: three representing the SEE member states, one representing the partner states and one member jointly nominated by interested integrational organizations and international and regional governmental and nongovernmental organizations. The members of the Executive Committee shall be elected by the SEE Health Network from among its members on personal merit for a period of two years. Should a member withdraw or be withdrawn before completing the Committee’s term of office, the SEE Health Network shall be responsible for appointing a replacement at its following regional meeting. Representatives of integrational organizations and of international and regional governmental and nongovernmental organizations are entitled to participate in the meetings as observers with the right to contribute to the discussions.
4. The SEE Health Network may elect advisers to the Executive Committee on their personal merit with a mandate to strengthen and enhance the work of the Executive Committee and the SEE Health Network.
5. The Executive Committee shall appoint a chairperson, an alternate and a rapporteur for its term of two years. The rapporteur shall also act as rapporteur of the semi-annual regional meetings of the SEE Health Network.
6. The roles and responsibilities of the Presidency and the Executive Committee are contained in the Statutes of SEE Health Network.

Article VII – Administration: Secretariat

1. The Secretariat shall provide administrative support to the SEE Health Network, its Presidency and the Executive Committee.
2. The roles and responsibilities of the Secretariat are reflected in Annex 1 of this document in accordance with the current Statutes of the SEE Health Network. It should be noted that one additional item (Point 8) has been added.

3. The permanent seat of the Secretariat shall be in one of the SEE Health Network member states.
4. The location of the permanent seat of the Secretariat shall be established through an open selection process based on proposals submitted by interested SEE member states, considering all the necessary arrangements, including logistics, human resources and other technical and leadership aspects. The SEE Health Network shall adopt selection procedures, indicators and criteria on the basis of proposals submitted by the Executive Committee. The proposals shall be assessed by a committee elected by the SEE Health Network, comprising three representatives of SEE member countries and two independent evaluators (from outside the SEE region), using the above-mentioned procedures, indicators and criteria, in an open and transparent way.
5. **Any proposal by a prospective host country for the SEE Health Network Secretariat must fulfil the following basic requirements:**
 - a) legal status for the Secretariat, so that it may exercise its functions and operate without hindrance;
 - b) exemption of the Secretariat from local taxes and duties for purchases and services;
 - c) exemptions for officials of the Secretariat who are not citizens of the host country (or permanent residents in the host country immediately prior to their employment by the Secretariat) from immigration restrictions and from income tax and general social security contributions on salaries;
 - d) provision of suitable office premises free of charge, including necessary up-to-date infrastructure and communications, as well as administrative and logistical support and maintenance.
6. The Secretariat shall be staffed by four personnel from the SEE region selected by the Executive Committee on the basis of their professional merit. The staff shall be recruited by the SEE Health Network according to the competences required, without any discrimination, and taking into account gender and geographical balance as appropriate, through an open selection process, with applications invited from all member countries in the SEE region. In addition, the SEE Health Network may accept staff secondments to the Secretariat for specific assignments.

Article VIII – Technical structures and networks: regional health development centres

1. The implementation of programmes, projects and activities in the technical areas agreed by the ministers of health shall be organized and performed through the appropriate technical structures and networks, including the regional health development centres, national institutions, national project offices, and regional and national counterparts. The regional health development centres shall act as coordinators of the respective networks.
2. The SEE Health Network may designate as a regional health development centre either an existing institution or one especially established in a member state that is carrying out activities in support of the SEE Health Network programme in a specific technical

area designated by the ministers of health.

3. Regional health development centres shall seek expert advice for their overall scientific and technical guidance, as well as to provide direct support for the regional cooperation programmes for health development.
4. The functions of the regional health development centres are specified in Annex 2 of this document.
5. A regional health development centre shall carry out activities according to its annual plan of work, prepared by the regional health development centre and approved by the SEE Health Network in line with SEE Health Network procedures, taking into consideration the needs of the SEE members and the recommendations of the international partners, as well as the activities taking place at country and regional levels.
6. The criteria to be applied in the establishment/designation of regional health development centres are detailed in Annex 3 of this document.
7. The SEE Health Network is responsible for establishing/designating regional health development centres in the SEE region. The initiative for proposals may come only from the SEE member states. Proposals for establishment/designation are reviewed by the SEE Health Network according to the criteria laid out in Annex 3 of this document. As a first step in the designation process, the member states of the SEE Health Network shall, in consultation with the SEE Health Network, draft a plan of work identifying products and activities in one of the SEE Health Network-approved technical areas of work in which the regional health development centre would be able and willing to collaborate. The SEE Health Network shall approve the establishment/designation of a regional health development centre at its regional meeting, provided that the criteria laid out in this document are met, and shall inform the member state submitting the proposal of the outcome.
8. A regional health development centre has the responsibility to monitor and evaluate its work, according to the developed indicators. Activities shall be monitored throughout the whole process of their implementation. The regional health development centre shall provide regular six-monthly reports to the SEE Health Network on programme progress and financing.
9. Reviews and evaluations shall be designed for each programme in order to collect information on the process and outcome of the activities/programmes, i.e. to assess to what extent the programme objectives have been achieved, and to make suggestions for further development of the programme in its subsequent stages. The regional health development centre shall be responsible for programme reviews and internal evaluations, including designing the internal evaluation tools, and scheduling and carrying out the evaluation process.

Title IV – Financial provisions

Article IX – Secretariat

1. The annual budget of the SEE Health Network Secretariat shall cover the costs of its activities (including the meetings of the Executive Committee but not the regional meetings) and its staff of four (two technical public health professionals, one financial officer and one administrative assistant). The size of the SEE Health Network Secretariat might increase, depending on the workload and future developments.
2. The SEE Health Network Secretariat shall receive contributions from the member countries in the SEE region.
3. The minimum annual estimated amount for the operation of the SEE Health Network Secretariat and the Executive Committee meetings is euros 202, 000. This amount shall be covered by annual contributions from all SEE members.
4. The amount to be contributed by each SEE member country shall be calculated on the basis of the methodology developed for contributions to the Regional Co-operation Council, whereby SEE members are categorized in four groups according to their level of gross domestic product. The contributions to be made by each country are specified in Annex 4 of this Memorandum of Understanding.
5. Financial contributions to the SEE Health Network Secretariat shall be made by all the SEE member countries at the beginning of each year, and no later than 1 April.
6. The local costs for organizing and holding the regional meetings shall be borne by the country holding the Presidency during which the meeting takes place. The local costs shall include: logistics of the meeting (transportation to and from airports, local transportation, provision of meeting venue and necessary equipment), and reproduction of meeting materials, including the meeting report.
7. All costs related to participation in the regional meetings, including airfare, accommodation and per diems, shall be borne by the participant's Ministry of Health.

Article X – Regional health development centres

1. During the inception phase, the regional health development centres shall be funded by host country resources. The term of the inception phase will be decided by the SEE Health Network at one of its regular meetings.
2. During the operational phase, the regional health development centres shall be funded jointly by the host country and other SEE members, through financial contributions and contributions in kind, as appropriate.
3. Donors, including integrational organizations, international and regional governmental and nongovernmental organizations, and partner countries, may make financial contributions and contributions in kind to the regional health development centres.

Article XI – Contributions

1. In addition to annual contributions by the Member States, as set out in Annex 4, additional contributions by members or partners may take the form of in kind and/or direct financial contributions to the SEE Health Network through the Secretariat and/or the regional health development centres.
2. The contributions shall be used exclusively for carrying out the activities of the SEE Health Network, as established by the annual work plan.

Title V – Final provisions

Article XII – Amendments

1. Amendments to this Memorandum of Understanding shall be effected only in writing, by mutual agreement between the signatories.

Article XIII - Disputes

1. Any dispute arising between the signatories concerning the interpretation and implementation of the Memorandum of Understanding shall be settled amicable either by negotiation or by other judicial means as agreed by the signatories.

Article XIV – Annexes

1. All four annexes attached are integral parts of this Memorandum of Understanding.

Article XV – Entry into Force and Duration of this Memorandum of Understanding

1. This Memorandum of Understanding shall enter into force upon signature of all signatories.
2. Without prejudice to any right of withdrawal, the SEE Health Network and its structures shall have an unlimited duration.
3. In the absence of a decision to terminate contributions to them by the members, the SEE Health Network and its structures shall be renewed for subsequent periods of five years.
4. This Memorandum of Understanding may be terminated by agreement of all signatories.

IN WITNESS WHEREOF, the undersigned, being duly authorized by their respective Governments, have signed this Memorandum of Understanding:

Done in _____ on _____ in a single authentic copy, in the English language.

For the Republic of Albania

For Bosnia and Herzegovina

For the Republic of Bulgaria

For the Republic of Croatia

For the Republic of Moldova

For the Republic of Montenegro

For the Republic of Romania

For the Republic of Serbia

*For The former Yugoslav Republic
of Macedonia*

MOU Annex 1

Roles and responsibilities of the SEE Health Network Secretariat

1. To assist the Executive Committee to prepare a proposal for a two-year strategic plan.
2. To assist the Executive Committee to prepare a proposal for the annual work plan and the budget.
3. To support the implementation of the work plan and to manage the activities of the SEE Health Network.
4. To support the fundraising efforts of the SEE Health Network.
5. To assist the Executive Committee to prepare annual technical and financial progress reports for the regular meeting of the SEE Health Network.
6. To assist the Executive Committee to prepare a short interim progress report half-way through each budget year.
7. To assist the Executive Committee to ensure the appropriate utilization of resources.
8. To assist the Executive Committee and the Presidency of the SEE Health Network to prepare the semi-annual regional meetings of the SEE Health Network.

MOU Annex 2

Functions of the regional health development centres

1. Promotion of SEE Health Network policies and priorities in the different technical areas.
2. Collection, collation, and dissemination of information, including through the development of regional inventories and libraries.
3. Participation in collaborative research under the SEE Health Network's leadership, including the planning, conducting, monitoring and evaluation of research, as well as promotion of the application of the research results.
4. Training.
5. Harmonization of standards and guidelines in specific areas.
6. Development of regional policies and good practices.
7. Development and coordination of implementation of programmes and activities.
8. Monitoring and evaluation of existing practices, legislation, policies, strategies, etc.
9. Facilitation of networking among SEE members.
10. Cooperation with integrational organizations, as well as international and regional governmental and nongovernmental organizations in the area of technical work.
11. Fundraising.
12. Establishment and maintenance of a reporting system.
13. Administration of projects, programmes and activities.

In fulfilling the above functions, the regional health development centres will also promote human rights and interdisciplinary and intersectoral approaches.

MOU Annex 3

Criteria for the designation of regional health development centres

1. Scientific, technical, administrative, financing and human resource capacities, with particular reference to the technical area of work.
2. Ability to contribute to the regional health development programmes.
3. Sustainability for long term duration.
4. Communication capacity.
5. Capacity to perform monitoring and evaluation of activities.
6. Capacity to carry out activities in support of the SEE Health Network programme.
7. Administrative and financial management capacity in multicountry settings.

MOU Annex 4

Contributions to SEE Health Network Secretariat by SEE members

<i>Group</i>	<i>GDP at PPP,* Billion \$</i>	<i>Countries</i>	<i>Country % (Group %) of costs</i>	<i>Share € per country</i>	<i>Share € per group</i>
I	<10.0	Moldova Montenegro	5% (10%)	10 000	20 000
II	<50.0	Albania Bosnia and Herzegovina The former Yugoslav Republic of Macedonia Serbia	10% (40%)	20 000	80 000
III	>50.0	Croatia	15% (15%)	30 000	30 000
IV	>70.0	Bulgaria Romania	18% (36%)	36 000	72 000

*Gross domestic product at purchasing power parity

Total (in €): 202,000

SEE Health Network Secretariat annual budget

Annual Budget -- SEE Health Network Secretariat

	Unit	Number	Cost/unit (€)	Amount (€)	Total
Personnel					108 000
Technical officer	person	2	36 000	72 000	
Financial officer	person	1	24 000	24 000	
Admin assistant	person	1	12 000	12 000	
Office					
Office rent	space	1	in kind from local ministry of health		
Office equipment	equipment	1	in kind from local ministry of health		
Running costs					25 000
Telephone	cost	5	4 000	20 000	
Stationery	cost	1	5 000	5 000	
Website					9 600
Setting up	cost	1	4 800	4 800	
Maintenance	cost	1	4 800	4 800	
Travel					40 000
Technical officer	cost	2	20 000	40 000	
Executive Committee meetings					19 440
Air travel	cost	16	1 000	16 000	
Hotel	cost	16	80	1 280	
Local travel	cost	16	65	1 040	
Per diems	cost	16	70	1 120	

Total (in €) 202 040

Note: Net salaries of national and international staff will be adjusted accordingly, taking into account the tax status of the individual.

Health Professionals within the South-eastern Europe region: Manpower Needs (and Manpower Mobility)

A discussion document for a proposal revised on the basis of the discussions at the 17th meeting of the SEEHN

1. Health professionals are at the core of any country's health systems, yet there are more efforts put into the increased efficacy of the financial and organizational aspects of these health care systems, as well as into regulating the patients' movement, than in dealing with the health personnel. Clinical practice itself varies much less than the health systems and thus professional skills are more homogeneous than the work settings.
2. As health professionals are at the core of the health systems, mobility of health professionals across borders may therefore have a significant impact upon the healthcare systems of both the country from which the professionals are migrating and the country they are migrating to. World-wide there is a growing concern that developing countries are subsidizing rich countries by providing qualified trained health personnel.
3. The WHO Regional Committee for Europe in its Resolution EUR/RC57/R1 of 2007 "recognized the crucial importance of human resources in strengthening health systems, managing and delivering health services, and ensuring the quality of their performance". It also "noted with concern the geographical and skill-mix imbalances in the health workforce and the increased migration of health workers in the European Region". It urged Member States "to assess the trends in and impact of health workforce migration in order to identify and act on effective migration-related policy options, including establishing agreements with other countries to address the movement of health workers, based on the principles of transparency, ethics, fairness and mutual benefits".
4. At the 8th Conference of Ministers of Health (Council of Europe) on "People on the Move: Human Rights and Challenges for Health Care Systems" held in Bratislava, November 22-23, 2007, attention was drawn to the fact that "The growing mobility of health care workers including mobility within the 47 Council of Europe member states favours some countries while at the same time deprives selected countries of highly trained and much need professionals". It follows the Recommendation Rec(2006)11 of the Committee of Ministers to the Member States on trans-border mobility of health professionals and its implication for the functioning of the health care systems.
5. The European Commission launched on 26.9.2006 (SEC(2006) 1195/4) a public consultation regarding Community action on health services which also addressed the issue of health care professionals and provider mobility. The summary report of the responses to the consultation regarding these particular issues states: "Many contributors felt that there was a need for better monitoring of health professional mobility. Issues were also identified in relation to Community rules on recognition of professional qualifications, but many contributors felt that the implementation of Directive 2005/36/EC should be awaited before taking any new action. How to manage the impact of health professional mobility was also identified as an issue, in particular by contributors from the newer Member States. Greater clarity about the rules governing the establishment of healthcare providers in other Member States was also sought by a few contributors, with particular regard to pharmacists and dentists. However, most contributions were more concerned about practical issues in cross-border pharmacy services, and made suggestions such as developing ePrescriptions. Information and communication technology solutions in

general were identified as a key area for the future by many contributors, though teleradiology was seen as a priority challenge where more analysis was needed”.

6. The South-eastern Europe Health Network (SEEHN) has developed since its inception seven years ago a significant number of important projects aimed at improving the health of the populations in the Region. These projects included Region-wide training of relevant health professionals, as well as limited exchange of staff for training purposes. However the SEEHN has not yet addressed directly the increasing perceived growing geographic unbalance which exists (as to the availability of health professionals) both within countries and between the countries of the Region.
7. The draft SEE Regional report (July 2007) on the “Evaluation of the Public Health Services in South-eastern Europe” considers briefly the issue of professionals in Public Health. In general there is a significant imbalance in the distribution of health professionals between rural and urban areas in most of the countries of the Region. Public Health professionals suffer from their low position in the health system (low wages, long periods of training and lack of general recognition and esteem for some professional areas could lead to shortages in recruitment and training – this is particularly important in those areas with ageing professionals). Furthermore there does not seem to be systematic human resource planning strategies in most of the Region – in some countries there is a lack of a planning unit within ministries of health for human resources and a lack of an adequate, regularized planning process.
8. The SEEHN has demonstrated its maturity with the successful development and implementation of the above health projects; it could therefore initiate action to consider how to address the issue of the geographic unbalance of health professionals between the countries of the Region for the mutual benefit of all the countries of the Region and for the Region itself.
9. The present document aims to identify some of the issues which would need to be considered in an initial feasibility study, if the desirability of such a study for the Region is considered appropriate at this stage by the SEEHN.
10. Based on the outcome of such initial feasibility study, a project could then be initiated to identify future manpower requirements for the Region and the ways of meeting them, including, if appropriate, the development of a multilateral agreement for the Region to facilitate in particular the temporary mobility of health professionals in the Region, avoiding “brain drain”.
11. The initial feasibility study could include the following elements:

 - discussion of the health professions which would be relevant for inclusion in a study;
 - geographic distribution in each country of the Region of the health professional concerned (including gender distribution) – based on available data;
 - identification of national policies, currently in place, or planned, to help retain the health professionals needed by the health systems;
 - identification in each of the SEE countries of the current deficits and surpluses in terms of both specific health professions and internal geographic distribution;
 - identification of the authorities responsible for the professional accreditations;
 - equivalences of diplomas and professional qualifications, taking the EU legislation into account;
 - current situations regarding the presence of health professionals from other countries of the Region (and elsewhere) within each of the countries of the Region;
 - identification of the requirements for the health professionals from other countries of the Region to practice in a country (temporary and permanent);
 - evaluation, if available, of future manpower needs and ways of meeting these needs.
12. Following national consultations to be completed by mid-January 2008, and depending on their outcome, the Executive Committee taking all the comments into full account, will prepare draft

terms of reference of such an initial feasibility study in cooperation with the Council of Europe, WHO, the European Commission and IOM; the views of health professional organizations will also be sought. These terms of reference will be then submitted, in an appropriate form, to the SEEHN for approval. A special meeting might be convened using the European Commission TAIEX facility depending on the available time frame. For the funding for this initial feasibility study the Council of Europe Development Bank, the European Investment Bank and the European Commission in particular could be approached.